

McKinney ISD Video Request Form

Teachers: to determine its appropriateness for the grade level, subject matter, and relevance to instruction, you should FIRST view any video used in your class.

Date of this request: _____

Teacher : _____ Subject Area : _____

Study : _____ Grade Level : _____ Room # (s) _____

Video Title : _____

Video Length : _____ Source (if other than library): _____

Date and Time video will be viewed : _____

This video will be used :

- | | |
|---|---|
| <input type="checkbox"/> To introduce a unit of study | <input type="checkbox"/> For individual projects |
| <input type="checkbox"/> To reinforce a unit of study | <input type="checkbox"/> For seminars |
| <input type="checkbox"/> To provide background for discussion | <input type="checkbox"/> To develop basic concepts in _____ |
| <input type="checkbox"/> To provide visual / concrete experience of abstract concepts | |
| <input type="checkbox"/> To review a unit of study / concept | |
| <input type="checkbox"/> To accompany a writing and / or reading selection | |

Please list the **specific connection(s) to MISD curriculum** and whether or not entire video or clip will be shown. If the entire video is shown, please state rationale for the complete showing.

Your rating of the Video : (circle one) 1. Excellent 2. Good 3. Fair 4. Poor 5. Not acceptable for this grade or subject

How many videos were/ will be used in this unit of study? _____

Approximately how many students will view this video? _____

APPROVAL BY (signature indicates approval prior to usage)

Principal _____ Date: _____

Bring this form to the Learning Commons once signature is obtained.